

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

SECRETARY FOR RESOURCES
P.O. BOX 944246
SACRAMENTO, CA 94244-2460



Employee Name	<u>SCARBOROUGH, KAREN</u>
Expense Dates	<u>09/28/09-09/30/09</u>
Total Expense Amount	<u>1677.72</u>
Amount Due Employee	<u>907.32</u>
Form ID	<u>TEA000522842</u>

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	09/28	O/S Lodging	262.20	
2)	09/29	O/S Lodging	296.56	
3)	09/30	O/S Lodging	296.56	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

CLAIM EXCEPTION(S)			
	Item	Exception	Response
1)	#A6 DPA required	Document of Prior Approval required for Out of State Travel.	Yes

I have reviewed the following documents.

Approved
by: _____

PATRICK KEMP

Travel & Expense Account Summary

Employee Name KAREN SCARBOROUGH
 Expense Dates 09/28/09-09/30/09
 Report Name 0540, 2009 Sept OST

Request Total \$ 1677.72
 Direct Charge Total - 770.40
 Travel Advances - 0.00
 Net Due Employee = 907.32

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Water Briefing	1677.72

NOTE: (d)=Direct Charge

DATE	Mon Sep 28	Tue Sep 29	Wed Sep 30							TOTAL
O/S Lodging	262.20	296.56	296.56							855.32
O/S Dinner	18.00	18.00								36.00
O/S Breakfast		6.00								6.00
O/S Lunch		10.00								10.00
O/S Commercial Air Fare (d)			770.40							770.40
TOTALS \$	280.20	330.56	1066.96							1677.72